MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069697

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/					
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19		/				
20	/					

TOTAL IND. 4
TOTAL DEP. 17
TOTAL CLAIMS 21

PTO-1360

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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